



big sky BEHAVIORIST

Published by the Developmental Disabilities Division
of the Social and Rehabilitation Services Department

P.O. Box 4210, Helena, Montana 59601

Vol 2 No 6
July
1978

DEINSTITUTIONALIZATION Is it becoming a debatable issue?

Although most of us thought the issue had been resolved some time ago, the pros and cons of deinstitutionalization were debated at the 1978 meeting of the American Association on Mental Deficiency. Perhaps even more startling than the topic was the intensity of the exchange. Despite the fact that AAMD conventions are reputedly very low key, the lively debate between Burton Blatt and John Throne actually drew spontaneous bursts of applause and cheers from the captivated audience.

Burton Blatt, author of a photographic documentary on institutions (Christmas in Purgatory), developed an impassioned presentation, punctuating each point by banging his fist on the lectern. Because Blatt believes that institutions by definition are bad places, he proposed that the deinstitutionalization process should occur rapidly and without needless bureaucratic delays. He criticized those delays caused by overly cautious administrators who fail to promote deinstitutionalization because they feel insufficient data exist about the alternatives. In Blatt's words: "The problems in mental retardation can't be solved through science. Those problems result from the feelings (or the lack of them) of the human beast."

That statement perhaps contains the key to understanding Blatt and his position. It is clear that he believes the problems in mental retardation are created and perpetuated by the lack of human compassion. The solution, then, is to change people's feelings -- precisely what Blatt was attempting

to do with his emotional plea at AAMD. This strategy was used quite successfully in his Christmas in Purgatory.

Given Blatt's definition of the problem, it is not surprising that he scoffs at scientific solutions. To illustrate his attitude toward most research in mental retardation, he cited several studies aimed



STATE DOCUMENTS COLLECTION

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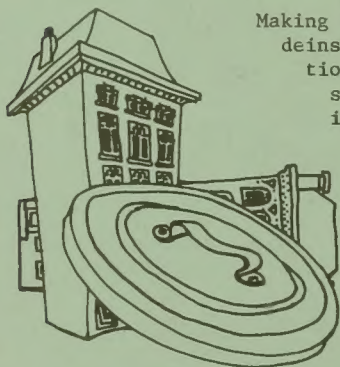
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at determining the optimal size of institutions. Appalled by such investigations, Blatt declared that he didn't need data to convince himself that there was no such thing as an optimal institutional size. Decisions about deinstitutionalization, according to Blatt, require value judgments - not scientific evidence.

Blatt concluded his presentation with a brief but graphic description of the horrors of Willowbrook - one of the nation's largest MR institutions which is located in New York. "Did we," he inquired, "ever need it or any of those other foul, disgusting places?" On that note, Blatt returned to his seat amid thunderous applause.

As befits an academician, Throne began by defining his terms. "Deinstitutionalization," he suggested, "is a term without much meaning." Although many people have assumed that deinstitutionalization means returning previously institutionalized individuals to the community, Throne suggested that this assumption was misleading. In his opinion, there is no distinction, no line of demarcation between the community and institutions. Throne continued by saying that institutions, whether they are small community centers or schools, have been and always will be an integral part of the community. At issue, then, is not whether institutions should exist, but what institutions should exist.

Advocates of deinstitutionalization, in Throne's opinion, have typically been most adamant about depopulating the largest institutions. They have reacted against size rather than the specific abuses perpetrated by institutions. That approach, Throne believes, is not automatically the best. Studies cited by Throne indicate that size of institution and quality of service are not necessarily related.



Making decisions about deinstitutionalization in the absence of empirical evidence

can do more than mislead at the earnest advocate, according to Throne. He maintains that deinstitutionalization has become a divisive concept insofar as those who endorse it agree only on what they propose. Throne believes that creating alternative services is the most challenging task ahead and a unified movement is essential.

Deinstitutionalization, Throne maintains, is a slogan badly in need of a data base. Decisions about social policy based on intuition rather than data will inevitably result in the inefficient use of resources.

There was a marked contrast between the speakers in style as well as content. Blatt brought emotion to the podium. Throne brought data. Judging from the overwhelming positive response of the audience to both speakers, there must be a place for both perspectives in the continuing controversy over services for developmentally disabled people.

RESOLUTION #18

DEINSTITUTIONALIZATION RESOLUTION

- WHEREAS Deinstitutionalization has been tried and failed in other states, and
- WHEREAS it has proven to be costly and to the detriment of the taxpayers, the workers and the quality of care, and
- WHEREAS deinstitutionalization has resulted in many mini-institutions throughout the state, and
- WHEREAS there is no proof of any improvement in the quality of care provided the residents of these mini-institutions, and
- WHEREAS the working conditions, wages and benefits to the workers in the mini-institutions have been investigated by labor agencies, and
- WHEREAS most, if not all, workers employed in these mini-institutions are non-union, and

Continued on page 10.

TRAINING: Shifting Gears

Another year has elapsed and contracts have been successfully negotiated and signed for the current fiscal year. The hassles of the contracting process between Montana's service providers and the Developmental Disabilities Division staff distracted most people from the less visible contracting activities between DDD and the state's training component. The effects of those contracts will again be highly visible and far-reaching.

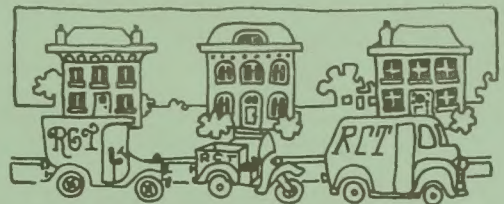


Before describing the results of that process, it's interesting to look back one year -- to June 1977. At that time the contract with the Developmental Disabilities Training Institute (DDTI) was being terminated. There were concerns that training for DD client service provider staff would be neglected. On the other hand, a new non-profit training corporation (Centers for Service, Resource and Support -- CSRS) was being formed to provide that training. This training was to be accomplished by 10 Regional Clinical Trainers (RCTs), two of whom would be assigned to each region, replacing five DDTI trainers. The DDTI "core" training staff was to be drastically reduced to three persons who would staff the Training Resource and Information Center (TRIC -- the successor to DDTI's Information and Materials Clearinghouse (IMC). Finally, on-site training was to be delivered routinely to direct service delivery staff at the location where skills taught would be utilized -- not in centralized workshops. In view of

the number of changes, the resulting skepticism and doubt were understandable.



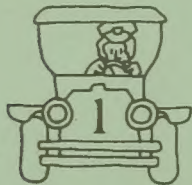
Since then, CSRS was incorporated and successfully employed 10 RCTs, all of whom have done an admirable job of meeting the diverse training needs of each region's providers, councils, and - in some cases - non-profit boards. The TRIC staff established a new lending system for materials and equipment which provided more efficient distribution of resources. TRIC also instituted a "special request" system to supply eligible persons with materials and information not otherwise available.



Feedback from the Denver office of Health, Education and Welfare (HEW) was very influential in shaping FY 79 training activities. HEW controls the Title XX funds which pay for all training provided to Montana's community DD programs. HEW also monitors activities for compliance with funding regulations. This feedback came after HEW inspection of Montana's training programs and fiscal records. Though the regulations which allowed training in the past two years are essentially the same this year, new "interpretations" of those regulations will directly affect the current year's

training.

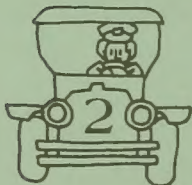
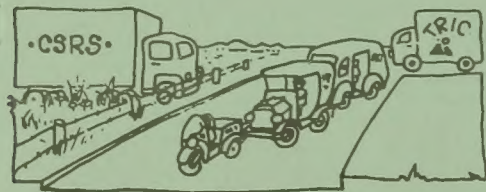
CSRS, the non-profit corporation which employed 10 RCTs and TRIC staff, was dissolved. As a result, the following modifications are being made.



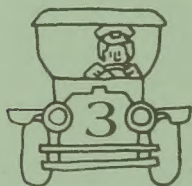
This year up to 15 RCTs will have individual contracts providing only salary, benefits and travel expenses. No other operational costs will be in-

cluded in RCT contracts.

This course of action was chosen for two reasons. First, subpart "H" (training) funds will not pay for administrative expenses incurred by persons employed by a corporation outside the State (DDD) agency. Administrative expenses would be virtually eliminated if each trainer is on separate contract. Secondly, contracted trainers cannot be paid directly for operational costs. Subpart "H" regulations state that this type of expense must be paid by the state agency.

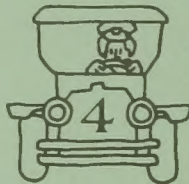


TRIC staff are now state employees - not contracted employees. This is necessary as subpart "H" regulations will only fund TRIC as a part of the Developmental Disabilities Division.



Regional Council members, provider administrators and managers, and non-profit provider board members are not eligible recipients of training by RCTs and as

such cannot directly request training for themselves. Subpart "H" regulations specifically state that the only eligible recipients of subpart "H" funded training are (a) persons who are employed under a Title XX funded contract and who work directly with DD clients and (b) state employees who work in the administration of the Title XX program.



TRIC will only be able to respond to requests from RCTs and the eligible training recipients specified above. These requests must be directly related to the training needs of eligible provider staff. TRIC cannot be used solely for administrative support.

Other changes are occurring which are not directly related to the HEW feedback.

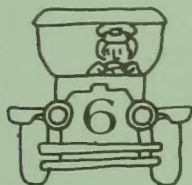


RCTs are available as a resource to residential and day program providers during perceived "crisis" situations. The term "crisis" in this context means a situation in which a client community placement is in danger of being changed to a more restrictive alternative.

It is hoped that RCTs will be familiar enough with all clients and programs in their respective regions to assist programs in avoiding crisis situations. Should one occur, the RCT will be available to provide the necessary training once a training agreement (contract) between program staff and RCT is negotiated. This training agreement will be entered into only after the RCT has been able to objectively define the behavior(s) of staff and clients involved, and only after the degree of remedial intervention support is determined by the program administration.



Due to funding restrictions of subpart "H," RCTs will have to carefully log time spent in the various activities during these interventions as some activities are not allowable costs in the training budget. These activities must be paid for by other Title XX funds.



RCTs in all regions will be adopting standardized training criteria. This is a first step toward establishing a statewide minimum certification level.

Of the ten RCTs who have been employed in the past year, six have resigned or chosen not to re-contract for another year. Region I lost both Pete Degel, currently the DDD Regional Supervisor in Great Falls, and Bruce Remmich who is now engaged in a private enterprise and self-employed. Dan McCarthy of Region II is now the program director for Progress, Inc. Tom Seekins of Region III will be pursuing a graduate degree in Kansas; Phyllis Williamson of Region IV will work toward a doctorate in Utah. Jim Atkins of Region V has become the program director of Opportunity Workshop. A turnover rate of 60% has definitely put a dent in the training program, especially since these former RCTs did an excellent job. Their desire for a change is understandable given the constant travel and many frustrations of the consultant role. Nevertheless, training will be provided.

Those who have agreed to contract as RCTs for this year are:



Kevin Johnson who has a BA in Psychology from the University of Montana, will work as an RCT in Region I.

Kevin has most recently been employed at Boulder River School and Hospital as an Habilitation Aide IV (a cottage staff trainer). At the time of this writing, no other RCT has been hired for Region I.



Ted Spas, the RCT in this region for the past year, will continue for at least one more year. Ted's new partner is Ken Wahlstrand, based in Havre at Northern Montana College and introduced in the last BSB.



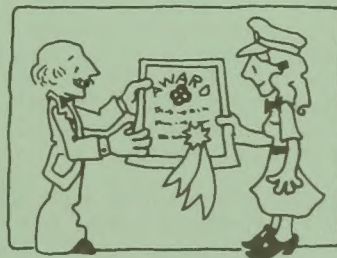
Dan Peterson, a doctoral candidate in Psychology at the University of Kansas, is currently the only RCT in Billings. Dan will be joined in August by Lorrie Hartman, an RCT with 2 years experience as a trainer in Region IV, Helena.



Mike Hanshew will be transferring from his RCT position in Billings in mid-July. Mike will be working with Billie Miller who has been working at Boulder River School and Hospital as an Habilitation Aide IV.



Jan Mackay-Atkins will continue as an RCT in Missoula. She will be joined by Ken Brown who has many years of experience working at Boulder River School and Hospital in a variety of positions. He most recently worked as a cottage supervisor at Boulder and was responsible for all client programming.



The past training year established the credibility and effectiveness of training. This year will be one of maintenance and refinement toward more coordinated and consistent training across regions. These will be the first steps in the establishment of a certification system.



reflections

guest editor ☆ tom seekins

☆ A HAPPY MARRIAGE: It is necessary to often state the obvious ☆

From a storm of political advocacy, the movement of services for the developmentally disabled has emerged onto the plains of administration and bureaucracy. For some it is hard to accept that here is no longer a home for radicals. Change is now slow and stable. Though it is open to dispute, and despite frequent intransiency, this may be a good sign. The questions which are now to be addressed are seldom of a fundamental nature.

The happy marriage of humanism and behaviorism has, at least tentatively, succeeded. Many of the goals that were implied by the creed of normalization, deinstitutionalization, and clients' rights are being met. Most of the new goals involve technical expansion and improvement of services. And, perhaps, a cartel of concerned providers, who propose their own high standards, is within sight. For the retarded and the humanist, the marriage brought the desired sunlight. Well over a thousand individuals are receiving some form of (at least rudimentary) service. Hundreds have left the institution.

The behaviorist has been given the opportunity to test and demonstrate a technology of teaching. Extensive data exist on individual treatment techniques that have been developed as well as staff training models. Some work has even been done in habilitative equipment, environmental planning and systems design. Unfortunately, these are typically overlooked by those satisfied by a constant replication of the law of effect.

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On the local scene, the trend appears to be for the state to become the facilitator of planning and decisions made by a corporate cartel; distances being what they are in Montana and the fact that proclamation breeds revolt. Schumacher² best explicates the role of small, semi-independent units of a large scale system. In general, guided, self-determined directions enhance commitment and competition. They are also better able to adapt to local circumstances.

For the ambitious behavior analyst the global success already achieved provides a chance to address more interesting situations besides those already mentioned. Of great importance, for example, is the question initiated by McCarty. Though I can't do it justice, it assumes (correctly that clients in the community are victims of (unintended but convenient) functional segregation. The question is then, simply, can the community be desegregated? This is an immensely difficult, technical problem.

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Another interesting problem deals with gasoline and staff training, as well as direct services. At nearly 1,000 miles a month, for example, sixteen RCTs will expend around \$60,000. in a year

¹ I am indebted to an unnamed western Michigan behaviorist for this timely and repeated warning.

² E. F. Schumacher, Small Is Beautiful. In this collection of essays on the structure of large organizations, Schumacher argues for a system that is so similar to the structure of DD services in Montana its frightening. He describes a system of semi-autonomous, local agencies of a large scale organization that act independently but are guided by a central board. The only aspect that Schumacher's system stresses that is not stressed in DD is a method of comparing the productivity of the units to foster competition and differentially reward. This could easily be done in DD.

as gas approaches \$1.00 a gallon! Other direct services will face a less drastic but similar problem. The objective then is to develop staff training, direct service and management techniques which enable the delivery of quality service without travel in order to save money and conserve energy. Fun, fun, fun! Programmed texts sent to (new) employees from a staff training organization would require them to perform, in writing, and return their work to be graded - from a basic introduction through clients' rights, normalization, client assessment and program development. The telephone, educational television and other electronic gadgets, including micro-processors, hold promise, too.

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On a more personal level, quiet talk has it that SABA is, sadly, a dying organization because of the lack of an issue. It is, hopefully, being replaced - if the rumor is accurate - by the participation of behaviorists in other groups.

This leads us casually into an assessment of the Montana Mafia and its effect. In a fashionable empirical approach, behaviorism can be identified as an independent variable and the number of behavior analysts employed in a given field of activity as the dependent variable. After several applied fields are listed and graphed we see (Fig. 1), conveniently, the familiar form of a multiple baseline for the number of behavior analysts employed across settings. Though there has almost certainly been more growth in other areas than shown here and undoubtedly less in some thought of as high, reliability and validity aside, behavior analysts must open out into new fields.

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One new area of paramount importance to the developmentally disabled is preventive medicine. Behaviorists have a great deal to offer areas such as prenatal care: smoking by pregnant women, drinking and drug abuse by pregnant women, nutritional planning for the unborn and new born, increasing the use of genetic counseling and planned parenthood, and the use of birth control measures to name a few.

Of course, if success in this area is seen, we should see the birth rate of disabled individuals go down and the average age go up. What philosophy guides our planning for the old age of the retarded? Will they still live in group homes? Or will they retire to travel the world? Perhaps they will relax and play shuffle board in Sun-Set Villa. Or, perhaps, they will be placed in Galen and be forgotten once again.

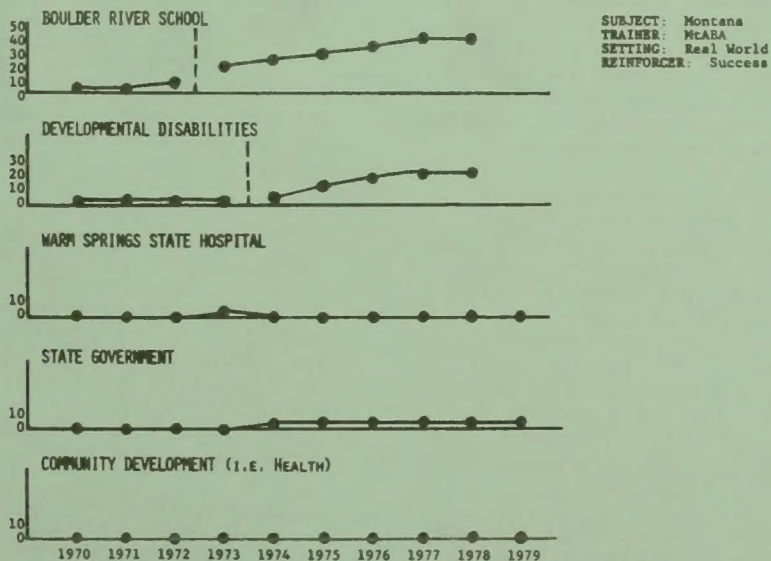


Figure 1



Etching by Charles Brugg

YOU ASKED FOR IT

Q. "I heard recently that the federal Developmental Disabilities Law expires this fall. Will this law be extended? What will happen to DD services in Montana if it isn't?"

A. The Developmentally Disabled Assistance and Bill of Rights Act of 1975 (P.L. 94-103) does expire on September 30, 1978. This law (1) identifies the rights developmentally disabled individuals have for appropriate habilitation and humane treatment, (2) provides and allots money for state planning and advisory councils, (3) appropriates money for protection and advocacy programs, (4) defines and funds University Affiliated Facilities and (5) sets aside money to be granted to projects of national and regional significance. State planning and advisory councils and advocacy programs would be eliminated if the DD Act were not passed.

There are bills in both houses of the Congress (Senate Bill 2600 and House Bill 12326) which would extend, in a somewhat modified form, this DD legislation. Both bills would increase the minimum allotment grant (which is what Montana gets) from \$150 thousand to \$250 thousand per year. This money is used for the operation and activities of the State Council and, through Council grants, the funding of service projects. In fiscal year 1977, for example, the State Council granted money to advocacy programs in Regions I, II, IV and V.

The bills now before Congress would also substantially increase the allotments made directly to advocacy agencies such as DD/MAP.

The most controversial issue in the proposed laws has to do with the definition of developmental disabilities. The Senate definition omits all reference to specific handicapping conditions (e.g., mental retardation, epilepsy, etc.) and therefore would apparently make developmental disabilities a term which refers to any mental or physical disability which originates early in life and substantially interferes with a person's ability to function normally. The House definition is identical to the Senate's except that specific disabilities are identified. Copies of the bills are available from the offices of Congressmen Baucus and Marlenee and Senators Hatfield and Melcher.

There are good prospects of at least one of these laws (or a compromised version) being passed. Even if they were not passed, direct services to developmentally disabled people in Montana would remain largely intact because most of the federal money which is used in Montana to provide direct DD services is appropriated by Title XX of the Social Security Amendment of 1974 (P.L. 93-647). The fate of the DD Act will not affect this money.

Dan Anderson
Planner/Research
DDPAC, Helena

Q. I'm writing because I'm concerned about my 17-year-old retarded daughter. She has recently become interested in boys and going to dances and that sort of thing. This worries me. Frankly I would like to get some information on sterilization. What are the laws in Montana regarding sterilization?

A. It is not legal in Montana to involuntarily sterilize any person. Even if a (developmentally disabled) person voluntarily went to a licensed physician requesting sterilization, the physician must ensure that the person is a legitimate recipient of the sterilization procedure. Montana law has established three conditions that must be met before a developmentally disabled person can be sterilized:

- 1) the person must be determined to be capable of understanding the nature and consequences of sterilization;

- 2) the person must actually understand the results of sterilization -- that the procedure cannot be reversed and that there are hazards to the operation;
- 3) the person's consent to sterilization must be written and voluntary. Coercion or bribery may not be used to obtain consent.

Theoretically if all three conditions are met, the developmentally disabled person could legally be sterilized. It matters not whether the person is a minor, if their parents or guardians agree with the decision. It also does not matter if the DD person is institutionalized.

There is, however, a complication to this system. If the DD person's capability to give consent is questioned by a licensed physician, state law mandates that a Board of Eugenics will make the ultimate decisions on whether that person is capable of understanding and actually does understand the nature and consequences of sterilization. The catch is that, at this point in time, there is no Board of Eugenics. According to Dick Weber, staff attorney for Social and Rehabilitation Services, the Board disbanded because it had received no formal requests for hearings since 1972. Consequently, there is presently no working system by which a developmentally disabled person may be sterilized unless a physician determines that there is a compelling medical reason for it (e.g., cancer of the uterus or scrotum). A physician who performed a sterilization operation on a healthy, developmentally disabled person today, could be liable for any subsequent injury to the individual.

There is something other than sterilization at issue here. It is distressing that your daughter's interest in boys prompted you to think only of sterilization. If your daughter is ever to be judged capable of understanding sterilization, she must begin to receive some sex education now. Instruction in contraception should be included. Try to remember that your daughter has a right to make her own decisions in dealing with her sexuality. We suggest you provide her with the opportunity to become as informed as possible and to maintain her developing self-respect. If you do not feel qualified or comfortable discussing sexuality with your daughter, we suggest you enlist outside help. Contact your regional

Developmental Disabilities Division office where you will be referred to an appropriate professional who can train your daughter directly. Materials and information can be obtained for you from the Training Resource and Information Center in Helena.

We wish you success in handling the sensitive issue of your daughter's sexuality. There are many good resources available for parents who wish to teach sex education to their families. We hope you investigate them so that you can communicate openly about sex with your daughter. She has the constitutional right to marry and bear children if she wishes; you can help prepare her for making these decisions by being a calm and informed teacher to her now.

This response was prepared by the editors on the basis of information submitted by:

Linda Worsdell - DD Division
John Albrecht - Advocacy Training
Program, Helena
Dick Weber - SRS Legal Unit



My article about the right to register and vote appeared in the June issue of the BSB. As an update THEN, I indicated that 4 of the 6 residents from Boulder River School and Hospital, who had registered to vote, had indeed been challenged by the local County Clerk and Recorder. NOW, here is a GOOD NEWS UPDATE:

On Election Day, around 4:00 p.m., the Clerk and Recorder from Jefferson County reversed her opinion, and decided to allow the 4 individuals to vote. Many thanks go to Pat Driscoll, Attorney General's Office, for his role in this reversal.

I would like to include some excerpts from a follow-up article in the Great Falls Tribune:

"'It went all right,' McFarlane said Tuesday, 'They behaved themselves well.' The clerk, however, still expressed concern that the patients were being 'victimized' by the institution workers who registered them to vote....Although no problems apparently arose, McFarlane remains concerned for the patients. 'These kids need protection from these do-gooders and soapbox orators,' who are so busy looking out for the patients' legal rights that they ignore their human rights', McFarlane said." (emphasis mine)

"Earlier this week, an official of a state agency that serves as an advocate for retarded people defended their right to vote. 'The right to vote is important because of the connection between the denial of that right and a label of second-class citizenship,' wrote Margaret Ulvestad, executive director of the Developmental Disabilities/Montana Advocacy program, in a letter to the Tribune. 'Deprivation of suffrage indicates society's attitudes toward the mentally retarded and others who are disenfranchised. It is equal to neglect and discrimination.'"

This really pointed out that a difference still exists in our society -- how easy it was for me to register and to vote for the first time in Montana, and how difficult and exaggerated the same situation has become for developmentally disabled individuals. ISN'T THAT CALLED HANDICAPPISM?!

Resolution #18

Continued from page 2

WHEREAS such employment provisions as are made for these workers fail to meet or exceed conditions enjoyed by the employees displaced from Montana's institutions because of this movement, and

WHEREAS deinstitutionalization is another costly attempt by the conservatives of this state to save taxpayers dollars at the expense of the union worker, the residents and the taxpayer,

THEREFORE LET IT BE RESOLVED THAT all State employees of Montana State Council No. 9 stand strong in their opposition to the deinstitutionalization movement in the State of Montana, and

LET IT BE FINALLY RESOLVED THAT should this resolution be passed at the Council No. 9 Convention that Council No. 9 submit this resolution to the 22nd State AFL-CIO Convention and to the 1979 Montana State Legislature.

SUBMITTED BY: Montana Council No. 9, AFSCME, AFL-CIO, 37th Biannual Convention

This resolution reflects the opinion of Montana Council No. 9, AFSCME, AFL-CIO, not the Developmental Disabilities Division. The Developmental Disabilities Division fully endorses deinstitutionalization.

CLASSIFIED

POSITION OPEN - HABILITATION AIDE IV

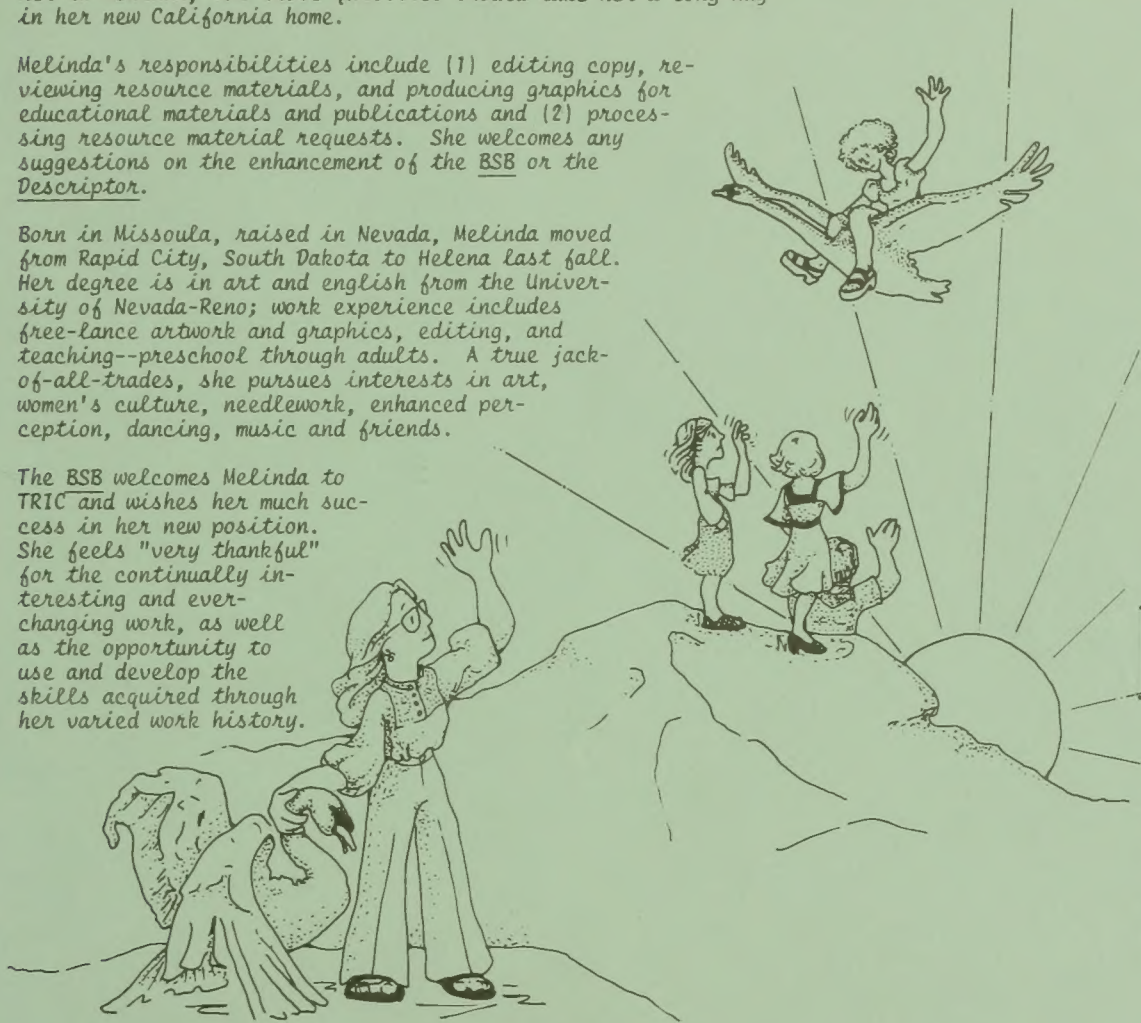
Annual Salary: \$12,793. Develops training programs to teach appropriate behaviors and to decrease inappropriate behaviors. Trains cottage staff to develop and conduct individual and group training programs. Coordinates procedures to provide for the generalization and maintenance of residents' skills. Assists in the collection and evaluation of training data. Requires a bachelor's degree in psychology, special education or related field or any equivalent combination of education and related experience. Write: Personnel Office, Boulder River School and Hospital, P. O. Box 87, Boulder, Montana 59632.

Melinda Artz-Brooks began work July 3 as the new Training Materials Specialist at TRIC, replacing Barbara Holum Langworthy. Barb had very capably filled that position for 11 months. She was known for her prompt and thorough response to requests for materials and equipment. With Barb as Chief Editor, the Big Sky Behaviorist and Descriptor began to blossom. Barb's cheerfulness and enthusiasm will be missed by those who worked with her in Montana, but those qualities should take her a long way in her new California home.

Melinda's responsibilities include (1) editing copy, reviewing resource materials, and producing graphics for educational materials and publications and (2) processing resource material requests. She welcomes any suggestions on the enhancement of the BSB or the Descriptor.

Born in Missoula, raised in Nevada, Melinda moved from Rapid City, South Dakota to Helena last fall. Her degree is in art and english from the University of Nevada-Reno; work experience includes free-lance artwork and graphics, editing, and teaching--preschool through adults. A true jack-of-all-trades, she pursues interests in art, women's culture, needlework, enhanced perception, dancing, music and friends.

The BSB welcomes Melinda to TRIC and wishes her much success in her new position. She feels "very thankful" for the continually interesting and ever-changing work, as well as the opportunity to use and develop the skills acquired through her varied work history.



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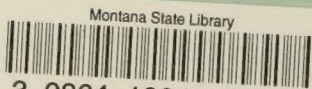
Special thanks to
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